

Agency Certification Form
For Registration of Legally Blind
Students As of January 6, 2014

Agency name: _____
County Office, School District, SELPA, Charter or Nonpublic School

Street address: _____

City State ZIP code

Name of Authorized Officer: _____

Title: _____

Address if different from above: _____

Phone number: _____ E-mail address: _____

Total number of blind students reported:

I certify that information contained in this registration is based on current eye report forms retained by this office. To establish eligibility for the American Printing House for the Blind Federal Quota Program, I further certify that this school system has filed with the California Department of Education an Assurance of Compliance Statement–Civil Rights Act of 1964. I also certify that this school system has on file for each student registered a record of the Parental Notice Given and Positive Consent for Release of Confidential Data to the APH.

Return by e-mail no later than **February 3, 2014**, but not before **January 6, 2014** to jmorrison@cde.ca.gov.

If you are registering students for the first time:

If this is the first time submitting for the American Printing House for the Blind Student Registration, please contact James Morrison, Associate Governmental Program Analyst, by phone at 916-323-1329 or by e-mail at jmorrison@cde.ca.gov regarding procedures for **encrypting student data** and submitting the packet.